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### An important lesson TB or not TB

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broadcast, together with further questions about members' interest in medical matters and viewing of other medical dramas and documentaries. General medical knowledge was tested by two multiple choice questions: "What is a crash team?" and "What is a laparotomy?" Responses from the two surveys were linked. At one week, 2792 out of 3115 panel members participated, 1030 (37%) of whom reported watching the episode. At 32 weeks, 1282 of these participants remained in the panel, of whom 475 (37%) had seen the episode.

Non-viewers were more likely not to respond or respond "don't know" to all questions in both surveys. At one week, significantly more viewers (85%) than non-viewers (45%) correctly identified paracetamol as having hepatotoxic effects. By 32 weeks, this knowledge had declined by 12% in viewers ( $P < 0.0005$ ) and increased by 5% in non-viewers ( $P = 0.004$ ). The effects were little changed by using a logistic regression model to adjust for demographic factors and measures of medical interest, knowledge, and viewing habits.

Viewers indicated longer minimal safe delays before seeking help than non-viewers, the differences being small but significant. There was no difference between viewers and non-viewers in lethal doses of paracetamol or the ranking of paracetamol toxicity compared with that of other drugs.

## Comment

Rates of deliberate self harm continue to increase: overdose is the most common method, and paracetamol the most commonly used substance.<sup>1</sup> Baseline knowledge in this study was high: 45% of those who did not see the episode knew of the delayed hepatotoxicity of paracetamol, possibly reflecting recent extensive media attention.

Television is an important potential source of medical information,<sup>4</sup> with programmes such as *Casualty* attracting audiences of over 10 million. Our study showed that viewers of a *Casualty* episode registered and retained information about paracetamol toxicity presented in the programme among other distracting story lines. Interestingly, it also revealed that the knowledge obtained was strictly restricted to the presented facts and that incomplete messages might have been misinterpreted. There was also an increase in overdose presentations to general hospitals after the broadcast.<sup>3</sup> Medical messages broadcast within television programmes are likely to have an impact on the knowledge of the general public: editors should be aware of this and ensure that they are accurate and complete.

We thank the BBC for its help with this project, in particular, Barbara Machin (script writer *Casualty*), Christine Hamar Brown (script editor *Casualty*), the *Casualty* production team, the BBC television opinion panel, the BBC Information Department, and Dr G Hughes (consultant to *Casualty*).

Contributors: All authors participated in the design of the study and preparing the report. SO'C and KH designed the questionnaires. SO'C and JJD took major responsibility for analysing the results, interpreting the findings, and preparing the report. AK coordinated data collection, DGA provided statistical advice. CB initiated the study. SO'C is guarantor for the study.

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## An important lesson TB or not TB

I arranged for the admission of my younger sister with a deep sense of apprehension. The kind medical registrar I spoke to did his best to allay my anxieties, but he too agreed that urgent admission and assessment were warranted. Over the past two to three months she had developed symptoms of weight loss, recurrent fevers and night sweats, together with bilateral cervical lymphadenopathy. Examination on admission also showed the presence of splenomegaly. A series of investigations was promptly initiated.

When my parents asked what was wrong, I said that she was likely to be suffering from tuberculosis. Consciously I had decided not to raise the possibility of a lymphoma, hoping to protect them from stress and worry, which I sincerely hoped was unnecessary. To my mind, tuberculosis was a far more welcome possibility than a mother of three young children developing a lymphoma—with B symptoms at the age of 26. My answer failed to have the desired response, for reasons, which at the time, I could not fully understand.

Last week, almost a year on, my father spoke about his younger sister who developed tuberculosis at a similar age. I cannot really remember him speaking about her at any length before. Fighting back the tears he recalled how she had been quarantined, away from her family. On the few occasions that I was taken to visit her she would, I was told, gently kiss my tiny feet on seeing me,

hoping to avoid passing on her lethal disease. Cure? There was no cure for tuberculosis in Pakistan at the time.

Initial tests for tuberculosis on my sister were negative, as were the fine needle aspirate and lymph node excision biopsy that followed. Histology showed no evidence of malignancy. Thankfully, she has in time made a full recovery, from what turned out to be a self limiting condition.

During the course of my general practice training I was taught the importance of exploring the fears, anxieties, and concerns of patients and their families, thereby attempting to place events, health, and disease in the context of their very personal narratives. Last week, I was reminded of the truth of this teaching.

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We welcome articles of up to 600 words on topics such as *A memorable patient*, *A paper that changed my practice*, *My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.